Complete and sign this application and attached the following: any test scores not already on file in the Teacher Education Office, a CAPP or degree evaluation signed by your advisor, and a résumé.

**Personal Information**

Name: _____________________________________________________ Gender: □ Male □ Female

(Include any previous names used.)

Student ID: ___________________________________________ Student Status: □ Full-time □ Part-time

**Current Mailing Address:**

Street: __________________________ City: __________________________ State: __________ ZIP: __________

**Permanent Mailing Address:**

Street: __________________________ City: __________________________ State: __________ ZIP: __________

**Current Phone:** __________________________ **Permanent Phone:** __________________________

**ENMU Email Address:** __________________________

**High School:** __________________________ **Graduation Date:** __________

**District Placement Preferences (Not Guaranteed)**

First: __________________________ Second: __________________________

List family members who are employed by or attend school in the school district you are requesting and the school where they are located.

**Family Member:** __________________________ **School:** __________________________

**Family Member:** __________________________ **School:** __________________________

**Family Member:** __________________________ **School:** __________________________

**Undergraduate Program (Choose one area only.)**

□ Early Childhood Education (Certification: □ Birth to Pre-K or □ Pre-K to 3rd)

□ Special Education/Elementary Education (Endorsement Area: __________________________)

□ Secondary Education (Major: __________________________ Minor: __________________________)

□ K-12 (Major: __________________________ Minor: __________________________)

**Graduate Alternative Licensure Program (Choose one area only.)**

□ Elementary □ Special Education □ Secondary Education

**Observations**

List previous placement sites. If a public school, include the school name, grade level, and classroom teacher.

**EDF 222:** __________________________

**BLED 350 or 334:** __________________________
SPED 320/328: ____________________________________________
RED 350 or 375: ____________________________________________
ECE Practicum: ____________________________________________
Elementary Methods: _________________________________________
Secondary Methods: _________________________________________

Test Scores
I have taken and passed the required sections of the test with the following scores:

Essential Academic Skills Tests

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Score</th>
<th>Date Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Math</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Professional Knowledge:
\[ \square \text{Early Childhood} \quad \square \text{Elementary Education} \quad \square \text{Secondary Education} \]
Score: ______________ Date Taken: _____________________________

Content Area:
Score: ______________ Date Taken: _____________________________

\[ \square \text{Elementary Education (Subtests I & II)} \quad \square \text{Music} \]
\[ \square \text{Family and Consumer Science} \quad \square \text{Physical Education} \]
\[ \square \text{General Science} \quad \square \text{Social Studies} \]
\[ \square \text{Health} \quad \square \text{Spanish} \]
\[ \square \text{English Language Arts} \quad \square \text{Special Education} \]
\[ \square \text{Mathematics} \quad \square \text{Other: ____________________________} \]

NES Essential Components of Elementary Reading Instruction (SPED):
Score: ______________ Date Taken: _____________________________

Acknowledgements
I verify all comments and responses on all forms contained in my application are true and accurate to the best of my knowledge.
\[ \square \text{Acknowledge} \quad \square \text{Do Not Acknowledge} \]

I agree to allow the director and staff of Teacher Education to request academic and security clearances from appropriate agencies, and I agree to allow those agencies to share the results of background clearance.
\[ \square \text{Acknowledge} \quad \square \text{Do Not Acknowledge} \]

The director of Teacher Education has my permission to request a confidential evaluation of my academic performance from my department record.
\[ \square \text{Acknowledge} \quad \square \text{Do Not Acknowledge} \]

I understand this evaluation will be used to assess my capabilities and may affect my student teaching placement.
\[ \square \text{Acknowledge} \quad \square \text{Do Not Acknowledge} \]

I have taken and passed all required tests.
\[ \square \text{Acknowledge} \quad \square \text{Do Not Acknowledge} \]

Signature: ____________________________________________ Date: _____________________________